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	Substitute for form 1449A/PTO	Complete if Known					
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	INFORMATION DISCLOSURE	Filing Date					
	STATEMENT BY APPLICANT	First Named Inventor	ALAN ALBXANDOL BURIS				
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	(Use as many sheets as necessary)	Examiner Name	ALLEN, MORE J.				
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Initials*	No.¹	Country Code <sup>3</sup> Number <sup>4</sup> 'Kind Code <sup>5</sup> ( <i>lf known</i> )		MM-DD-YYYY Applicant of Cited Docum		ment	ment Where Relevant Passages or Relevant Figures Appear			
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Examiner Signature	68/11	 Date Considered	8-26	-08

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